

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF TEXAS

Case number (if known): _____ Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an
amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy****12/17**

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Tanna _____ First Name Matthews _____ Middle Name Fiske _____ Last Name _____ Suffix (Sr., Jr., II, III)	Damon _____ First Name Michael _____ Middle Name Fiske _____ Last Name _____ Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names.	_____ First Name _____ Middle Name _____ Last Name	_____ First Name _____ Middle Name _____ Last Name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - 2 1 6 0 OR 9xx - xx - _____	xxx - xx - 9 6 7 8 OR 9xx - xx - _____

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

☒ I have not used any business names or EINs.

☒ I have not used any business names or EINs.

Business name _____

Business name _____

Business name _____

Business name _____

Business name _____

Business name _____

EIN _____

EIN _____

EIN _____

EIN _____

5. Where you live

5204 Scottish Thistle

Number Street

Number Street

Austin TX 78739

City State ZIP Code

City State ZIP Code

Travis

County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No
☐ Yes.

District _____	When _____	Case number _____
	MM / DD / YYYY	
District _____	When _____	Case number _____
	MM / DD / YYYY	
District _____	When _____	Case number _____
	MM / DD / YYYY	

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
☐ Yes.

Debtor _____	Relationship to you _____
District _____	When _____ Case number, _____
	MM / DD / YYYY if known
Debtor _____	Relationship to you _____
District _____	When _____ Case number, _____
	MM / DD / YYYY if known

11. Do you rent your residence?

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?
- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

 Name of business, if any

 Number Street

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

 City State ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?
- ☒ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

 Number Street

 City State ZIP Code

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.
- 16c.** State the type of debts you owe that are not consumer or business debts.

- 17. Are you filing under Chapter 7?**
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
☐ Yes
- 18. How many creditors do you estimate that you owe?**
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
- 19. How much do you estimate your assets to be worth?**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
- 20. How much do you estimate your liabilities to be?**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Tanna Matthews Fiske _____
 Tanna Matthews Fiske, Debtor 1

Executed on **05/22/2019** _____
 MM / DD / YYYY

X /s/ Damon Michael Fiske _____
 Damon Michael Fiske, Debtor 2

Executed on **05/22/2019** _____
 MM / DD / YYYY

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Douglas J. Powell _____

Signature of Attorney for Debtor

Date **05/22/2019**

MM / DD / YYYY

Douglas J. Powell _____

Printed name

The Law Offices of Douglas J. Powell, P.C. _____

Firm Name

820 West 10th Street _____

Number Street

Austin _____

City

TX _____

State

78701 _____

ZIP Code

Contact phone **(512) 476-2457** _____

Email address **dpowell@dougpowelllaw.com** _____

16194900 _____

Bar number

TX _____

State

Fill in this information to identify your case and this filing:

Debtor 1	Tanna First Name	Matthews Middle Name	Fiske Last Name
Debtor 2 (Spouse, if filing)	Damon First Name	Michael Middle Name	Fiske Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known) _____			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1.

5204 Scottish Thistle Dr

Street address, if available, or other description

Austin TX 78739
 City State ZIP Code

Travis
 County

Homestead**What is the property?**

Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property?

Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$399,237.00

Current value of the portion you own?
\$399,237.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Fee simple

☒ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....**\$399,237.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

3.1.		Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make:	<u>Honda</u>	Check one.		
Model:	<u>Fit Hatchback 4D</u>	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year:	<u>2009</u>	<input checked="" type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>75,000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:		<input type="checkbox"/> At least one of the debtors and another	<u>\$3,700.00</u>	<u>\$3,700.00</u>
2009 Honda Fit Hatchback 4D		<input checked="" type="checkbox"/> Check if this is community property (see instructions)		

3.2.		Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make:	<u>Subaru</u>	Check one.		
Model:	<u>Outback</u>	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year:	<u>2014</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>100,000</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:		<input type="checkbox"/> At least one of the debtors and another	<u>\$11,500.00</u>	<u>\$11,500.00</u>
2014 Subaru Outback (approx. 100,000 miles)		<input checked="" type="checkbox"/> Check if this is community property (see instructions)		

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

5. **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....** → **\$15,200.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
--	---

6. **Household goods and furnishings**
Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes. Describe..... **See continuation page(s).**

\$1,540.00

7. **Electronics**
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No
☒ Yes. Describe..... **See continuation page(s).**

\$625.00

8. **Collectibles of value**
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No
☐ Yes. Describe.....

9. **Equipment for sports and hobbies**
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No
☒ Yes. Describe..... **See continuation page(s).**

\$120.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe..... **See continuation page(s).**

\$300.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- ☐ No
☒ Yes. Describe..... **Various costume jewelry**

\$50.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

- ☒ No
☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

- ☒ No
☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....

\$2,635.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☐ No
☒ Yes..... Cash: **\$233.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
☒ Yes..... Institution name:

17.1. Checking account:	UFCU (Checking 900311575)	(\$88.93)
17.2. Checking account:	UFCU (Checking 900427276)	(\$57.37)
17.3. Checking account:	UFCU (Checking 900118866)	\$0.00
17.4. Checking account:	University Heritage Credit Union (Checking 8810003557771)	\$0.93
17.5. Checking account:	United Heritage FC (Checking 8810003655987)	\$0.86
17.6. Savings account:	Savings account UFCU 7276	\$5.00
17.7. Savings account:	Savings account UFCU 8866	\$5.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

17.8.	Savings account:	Savings account UFCU 1575	\$5.00
17.9.	Savings account:	Savings account UHCU 5777	\$1.00
17.10.	Savings account:	Savings account UHCU 5598	\$1.00
17.11.	Other financial account:	TD Ameritrade (Broker Account 492871660)	\$0.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No
☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☒ No
☐ Yes. Give specific information about them..... Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them..... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No
☒ Yes. List each account separately. Type of account: Institution name:

Pension plan:	TRS for Debtor 1 - Tanna Fiske	\$81,000.00
IRA:	IRA at UFCU	\$118.00
Retirement account:	403(b) Plan with a Fixed Indexed Annuity through National Life	\$11,929.29
Additional account:	457(b) Plan through Co-Debtors employment	\$1,430.99

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
☐ Yes..... Institution name or individual:

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☐ No

☒ Yes. Give specific information about them **Grandparents set up a Trust through Frost Bank Ft. Worth for the benefit of their kids and grandkids.** **\$0.00**

Debtor is the beneficiary of the MH Thomason GST Trust B. Debtor draws \$1,000 monthly to help pay for medical insurance (cost through her job for her to insure whole family)

Trust protected by a spendthrift clause.

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them _____

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: _____

State: _____

Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

OneAmerica
 Type: term
 Insured: Debtor 1

Death Benefit: \$230,000.00 Damon Fiske \$0.00

OneAmerica
 Type: term
 Insured: Debtor 2

Death Benefit: \$50,000.00 Tanna Fiske \$0.00

OneAmerica Life Insurance policy on
 2 children

Term

Death Benefit: \$10,000.00 per child Debtor 1 \$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No
☐ Yes. Give specific information _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim..... _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim..... _____

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →

\$94,583.77

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☐ No. Go to Part 6.
☒ Yes. Go to line 38.

**Current value of the
 portion you own?**
 Do not deduct secured
 claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
☐ Yes. Describe.. _____

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☒ Yes. Describe.. **desks, printer, craft supplies**

\$125.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☐ No

☒ Yes. Describe.. **sewing machine**

\$30.00

41. Inventory

☒ No

☐ Yes. Describe.. _____

42. Interests in partnerships or joint ventures

☒ No

☐ Yes. Describe..... Name of entity: _____

% of ownership: _____

43. Customer lists, mailing lists, or other compilations

☒ No

☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe..... _____

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information. _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

\$155.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No

☐ Yes.... _____

48. Crops--either growing or harvested

☒ No

☐ Yes. Give specific
information..... _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No

☐ Yes.... _____

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes.....

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... → **\$399,237.00**

56. Part 2: Total vehicles, line 5 **\$15,200.00**

57. Part 3: Total personal and household items, line 15 **\$2,635.00**

58. Part 4: Total financial assets, line 36 **\$94,583.77**

59. Part 5: Total business-related property, line 45 **\$155.00**

60. Part 6: Total farm- and fishing-related property, line 52 **\$0.00**

61. Part 7: Total other property not listed, line 54 **\$0.00**

62. Total personal property. Add lines 56 through 61..... **\$112,573.77** Copy personal property total → **+** **\$112,573.77**

63. Total of all property on Schedule A/B. Add line 55 + line 62..... **\$511,810.77**

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

6. Household goods and furnishings (details):

1 Sofa(s)	<u>\$50.00</u>
1 Loveseat(s)	<u>\$25.00</u>
Entertainment Center / Tv Cabinet	<u>\$30.00</u>
END TABLES	<u>\$5.00</u>
SOFA TABLES	<u>\$25.00</u>
KITCHEN TABLE	<u>\$60.00</u>
DINING TABLE	<u>\$80.00</u>
CHINA CABINET	<u>\$30.00</u>
REFRIGERATOR / FREEZER	<u>\$100.00</u>
STOVE	<u>\$100.00</u>
DISH WASHER	<u>\$50.00</u>
WASHING MACHINE	<u>\$75.00</u>
CLOTHES DRYER	<u>\$30.00</u>
DISHES / FLATWARE	<u>\$25.00</u>
CHINA / SILVERWARE	<u>\$125.00</u>
POTS / PANS / COOKWARE	<u>\$50.00</u>
4 BED	<u>\$200.00</u>
DRESSER(S) / NIGHTSTAND(S)	<u>\$30.00</u>
LAMPS / ACCESSORIES	<u>\$125.00</u>
CELLULAR TELEPHONES	<u>\$200.00</u>
LAWNMOWER	<u>\$25.00</u>
YARD /LANDSCAPING TOOLS	<u>\$100.00</u>

7. Electronics (details):

32 inch	<u>\$50.00</u>
62 inch	<u>\$200.00</u>
PERSONAL COMPUTER	<u>\$200.00</u>
STEREO	<u>\$25.00</u>
VIDEO GAME SYSTEM	<u>\$150.00</u>

9. Equipment for sports and hobbies (details):

Ruger 22 cal	<u>\$50.00</u>
35mm	<u>\$70.00</u>

11. Clothes (details):

Clothing / Wearing Apparel for 2 adult(s)	<u>\$200.00</u>
---	-----------------

Debtor 1 **Tanna Matthews Fiske**
Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Clothing / Wearing Apparel for 2 children

\$100.00

Fill in this information to identify your case:

Debtor 1	Tanna	Matthews	Fiske
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Damon	Michael	Fiske
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: Homestead	<u>\$399,237.00</u>	<input checked="" type="checkbox"/> \$315,359.53 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002
Line from <i>Schedule A/B</i> : <u>1.1</u>			
Brief description: 2009 Honda Fit Hatchback 4D (approx. 75,000 miles)	<u>\$3,700.00</u>	<input checked="" type="checkbox"/> \$3,432.24 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from <i>Schedule A/B</i> : <u>3.1</u>			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☒ No
☐ Yes

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: 2014 Subaru Outback (approx. 100,000 miles) Line from Schedule A/B: <u>3.2</u>	<u>\$11,500.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Brief description: 1 Sofa(s) Line from Schedule A/B: <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: 1 Loveseat(s) Line from Schedule A/B: <u>6</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: Entertainment Center / Tv Cabinet Line from Schedule A/B: <u>6</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: END TABLES Line from Schedule A/B: <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: SOFA TABLES Line from Schedule A/B: <u>6</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: KITCHEN TABLE Line from Schedule A/B: <u>6</u>	<u>\$60.00</u>	<input checked="" type="checkbox"/> <u>\$60.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: DINING TABLE Line from Schedule A/B: <u>6</u>	<u>\$80.00</u>	<input checked="" type="checkbox"/> <u>\$80.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: CHINA CABINET Line from Schedule A/B: <u>6</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: REFRIGERATOR / FREEZER Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: STOVE Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: DISH WASHER Line from Schedule A/B: <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: WASHING MACHINE Line from Schedule A/B: <u>6</u>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: CLOTHES DRYER Line from Schedule A/B: <u>6</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: DISHES / FLATWARE Line from Schedule A/B: <u>6</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: CHINA / SILVERWARE Line from Schedule A/B: <u>6</u>	<u>\$125.00</u>	<input checked="" type="checkbox"/> <u>\$125.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: POTS / PANS / COOKWARE Line from Schedule A/B: <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: 4 BED Line from Schedule A/B: <u>6</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property **Current value of the portion you own** **Amount of the exemption you claim** **Specific laws that allow exemption**

Copy the value from Schedule A/B Check only one box for each exemption

Brief description:
DRESSER(S) / NIGHTSTAND(S)
 Line from Schedule A/B: 6

\$30.00 ☒ \$30.00 **Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
LAMPS / ACCESSORIES
 Line from Schedule A/B: 6

\$125.00 ☒ \$125.00 **Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
CELLULAR TELEPHONES
 Line from Schedule A/B: 6

\$200.00 ☒ \$200.00 **Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
LAWN MOWER
 Line from Schedule A/B: 6

\$25.00 ☒ \$25.00 **Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
YARD /LANDSCAPING TOOLS
 Line from Schedule A/B: 6

\$100.00 ☒ \$100.00 **Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
32 inch
 Line from Schedule A/B: 7

\$50.00 ☒ \$50.00 **Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
62 inch
 Line from Schedule A/B: 7

\$200.00 ☒ \$200.00 **Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
PERSONAL COMPUTER
 Line from Schedule A/B: 7

\$200.00 ☒ \$200.00 **Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
STEREO
 Line from Schedule A/B: 7

\$25.00 ☒ \$25.00 **Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002**
☐ 100% of fair market value, up to any applicable statutory limit

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: VIDEO GAME SYSTEM Line from Schedule A/B: <u>7</u>	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002
Brief description: Ruger 22 cal Line from Schedule A/B: <u>9</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(8)
Brief description: 35mm Line from Schedule A/B: <u>9</u>	<u>\$70.00</u>	<input checked="" type="checkbox"/> <u>\$70.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(8)
Brief description: Clothing / Wearing Apparel for 2 adult(s) Line from Schedule A/B: <u>11</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Brief description: Clothing / Wearing Apparel for 2 children Line from Schedule A/B: <u>11</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Brief description: Various costume jewelry Line from Schedule A/B: <u>12</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)
Brief description: 403(b) Plan with a Fixed Indexed Annuity through National Life Line from Schedule A/B: <u>21</u>	<u>\$11,929.29</u>	<input checked="" type="checkbox"/> <u>\$11,929.29</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021
Brief description: IRA at UFCU Line from Schedule A/B: <u>21</u>	<u>\$118.00</u>	<input checked="" type="checkbox"/> <u>\$118.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021
Brief description: TRS for Debtor 1 - Tanna Fiske Line from Schedule A/B: <u>21</u>	<u>\$81,000.00</u>	<input checked="" type="checkbox"/> <u>\$81,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: 457(b) Plan through Co-Debtors employment Line from Schedule A/B: <u>21</u>	<u>\$1,430.99</u>	<input checked="" type="checkbox"/> <u>\$1,430.99</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code § 42.0021
Brief description: OneAmerica Type: term Insured: Debtor 1 Death Benefit: \$230,000.00 Line from Schedule A/B: <u>31</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Ins. Code §§ 1108.001, 1108.051
Brief description: OneAmerica Type: term Insured: Debtor 2 Death Benefit: \$50,000.00 Line from Schedule A/B: <u>31</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Ins. Code §§ 1108.001, 1108.051
Brief description: OneAmerica Life Insurance policy on 2 children Term Death Benefit: \$10,000.00 per child Line from Schedule A/B: <u>31</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Ins. Code §§ 1108.001, 1108.051
Brief description: desks, printer, craft supplies Line from Schedule A/B: <u>39</u>	<u>\$125.00</u>	<input checked="" type="checkbox"/> <u>\$125.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)
Brief description: sewing machine Line from Schedule A/B: <u>40</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Tanna Matthews Fiske
Damon Michael Fiske**

CASE NO

CHAPTER 7

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$399,237.00	\$83,877.47	\$315,359.53	\$315,359.53	\$0.00
3.	Motor vehicles (cars, etc.)	\$15,200.00	\$17,695.76	\$3,432.24	\$3,432.24	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$1,540.00	\$0.00	\$1,540.00	\$1,540.00	\$0.00
7.	Electronics	\$625.00	\$0.00	\$625.00	\$625.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$120.00	\$0.00	\$120.00	\$120.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$300.00	\$0.00	\$300.00	\$300.00	\$0.00
12.	Jewelry	\$50.00	\$0.00	\$50.00	\$50.00	\$0.00
13.	Non-farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Unlisted pers. and household items- incl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$233.00	\$0.00	\$233.00	\$0.00	\$233.00
17.	Deposits of money	(\$127.51)	\$0.00	\$18.79	\$0.00	\$18.79
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$94,478.28	\$0.00	\$94,478.28	\$94,478.28	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Tanna Matthews Fiske
Damon Michael Fiske**

CASE NO

CHAPTER **7**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$125.00	\$0.00	\$125.00	\$125.00	\$0.00
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$30.00	\$0.00	\$30.00	\$30.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops--either growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS:		\$511,810.77	\$101,573.23	\$416,311.84	\$416,060.05	\$251.79

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Tanna Matthews Fiske
Damon Michael Fiske**

CASE NO

CHAPTER **7**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 2

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description	Market Value	Lien	Equity
<u>Real Property</u>			
(None)			
<u>Personal Property</u>			
(None)			
TOTALS:	\$0.00	\$0.00	\$0.00

Non-Exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
<u>Real Property</u>				
(None)				
<u>Personal Property</u>				
Cash on Hand	\$233.00	\$0.00	\$233.00	\$233.00
University Heritage Credit Union (Checking 8810003557771)	\$0.93	\$0.00	\$0.93	\$0.93
United Heritage FC (Checking 8810003655987)	\$0.86	\$0.00	\$0.86	\$0.86
Savings account UFCU 7276	\$5.00		\$5.00	\$5.00
Savings account UFCU 8866	\$5.00		\$5.00	\$5.00
Savings account UFCU 1575	\$5.00		\$5.00	\$5.00
Savings account UHCU 5777	\$1.00		\$1.00	\$1.00
Savings account UHCU 5598	\$1.00		\$1.00	\$1.00
TOTALS:	\$251.79	\$0.00	\$251.79	\$251.79

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Tanna Matthews Fiske
Damon Michael Fiske**

CASE NO

CHAPTER **7**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 3

Summary	
A. Gross Property Value (not including surrendered property)	\$511,810.77
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$511,810.77
D. Gross Amount of Encumbrances (not including surrendered property)	\$101,573.23
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$101,573.23
G. Total Equity (not including surrendered property) / (A-D)	\$416,311.84
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$416,311.84
J. Total Exemptions Claimed	\$416,060.05
K. Total Non-Exempt Property Remaining (G-J)	\$251.79

Fill in this information to identify your case:

Debtor 1	Tanna	Matthews	Fiske
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Damon	Michael	Fiske
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
If any

2.1

Circle C HOA

Creditor's name

PO Box 163541

Number Street

Describe the property that secures the claim:

Homestead**\$2,044.00****\$399,237.00**

Austin TX 78716
City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☒ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☒ Other (including a right to offset)

HOA Fees

Date debt was incurred **7/1/2016-1/3/2017** Last 4 digits of account number **s t l e**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$2,044.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 1:**Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
 If any

2.2

Describe the property that secures the claim:

\$267.76**\$3,700.00****Title Max**

Creditor's name

15 Bull Street

Number Street

2009 Honda Fit Hatchback 4D

Savannah GA 31401-2685
 City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Lien on title

Date debt was incurred _____

Last 4 digits of account number _____

2.3

Describe the property that secures the claim:

\$81,833.47**\$399,237.00****University Federal Credit Union**

Creditor's name

P. O. Box 9350

Number Street

Homestead

Austin TX 78766-9350
 City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Deed of TrustDate debt was incurred various

Last 4 digits of account number

8 5 8 3

Add the dollar value of your entries in Column A on this page. Write that number here:

\$82,101.23

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 1:**Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
 If any

2.4

Describe the property that secures the claim:

\$17,428.00

\$11,500.00

\$5,928.00

University Federal Credit Union

Creditor's name

P. O. Box 9350

Number Street

2014 Subaru Outback
(approx. 100,000 miles)

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Austin TX 78766-9350

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Lien on title

Date debt was incurred various Last 4 digits of account number 5 7 5 5

Add the dollar value of your entries in Column A on this page. Write that number here:

\$17,428.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$101,573.23

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1

Arnold & Assoc

Name

406 Sterzing St

Number Street

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number _____

Austin

City

TX

State

78704

ZIP Code

2

NCP Finance Limited Partnership

Name

205 Sugar Camp Circle

Number Street

Dept. ENOV

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number _____

Dayton

City

OH

State

45409

ZIP Code

3

Travis County Attorney

Name

Attn: Bankruptcy Dept.

Number Street

P.O. Box 1748

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number _____

Austin

City

TX

State

78767

ZIP Code

Fill in this information to identify your case:

Debtor 1	Tanna First Name	Matthews Middle Name	Fiske Last Name
Debtor 2 (Spouse, if filing)	Damon First Name	Michael Middle Name	Fiske Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known) _____			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** claims and Part 2 for creditors with **NONPRIORITY** claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1			
Priority Creditor's Name	Last 4 digits of account number		
Number Street	When was the debt incurred?		
City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

\$3,182.00

4.1

American Express

Nonpriority Creditor's Name

PO Box 981537

Number Street

Last 4 digits of account number _____

When was the debt incurred? **5/1/1992-6/17/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

El Paso

TX

79998-1537

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

4.2

American Honda Finance

Nonpriority Creditor's Name

3625 W Royal Lane, Ste 100

Number Street

Last 4 digits of account number **5 8 8 4**

When was the debt incurred? **10/17/2010-6/9/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Irving

TX

75063

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Breach of Lease

\$700.00

Charged off

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,011.70

4.3

Austin - Travis County EMS

Nonpriority Creditor's Name

PO Box 1088

Number Street

Austin TX 78767
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.4

Austin Diagnostic Clinic

Nonpriority Creditor's Name

12221 North MoPac Expressway

Number Street

Austin TX 78758
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 7 5 5 6

When was the debt incurred? 7/14/2016-7/14/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Last 4 digits of account number 5 4 4 9

When was the debt incurred? 1/8/2018-1/19/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$172.46

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$193.00

4.5

Austin Pathology Assoc

Nonpriority Creditor's Name

8085 Rivers Ave. suite 100

Number Street

Last 4 digits of account number 0 5 6 1

When was the debt incurred? 1/4/2017-1/4/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

North Charleston SC 29406

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Also Account No: 364960

4.6

Austin Radiological Association

Nonpriority Creditor's Name

PO Box 4099

Number Street

Last 4 digits of account number 5 5 4 1

When was the debt incurred? 12/5/2013-12/5/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Austin TX 78765-4099

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$433.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,013.05

4.7

Austin Travis County EMS

Nonpriority Creditor's Name

15 Waller St, 2nd floor

Number Street

Austin TX 78702-5240

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.8

Capitol One Bank USA

Nonpriority Creditor's Name

P.O. Box 30281

Number Street

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

charged off

Last 4 digits of account number 9 4 5 9

When was the debt incurred? 9/22/2016-9/22/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
medical bill

Last 4 digits of account number 6 7 8 4

When was the debt incurred? 11/27/2010-9/19/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

\$928.28

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$136.81

4.9

Central Texas Dermatology

Nonpriority Creditor's Name

102 Westlake Dr ste 100

Number Street

Last 4 digits of account number A 0 0 0

When was the debt incurred? 6/15/2018-9/8/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Austin TX 78746-5373

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.10

Central Texas Reg Mobility Authority

Nonpriority Creditor's Name

PO Box 16777

Number Street

Last 4 digits of account number 8 0 0 9

When was the debt incurred? 1/1/2016-1/28/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Austin TX 78761-6777

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

other

\$132.65

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$7,070.92

4.11

Chase Auto Finance

Nonpriority Creditor's Name

National Recovery Group

Number Street
PO Box 29505

Phoenix **AZ** **85038-9505**
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Subaru WRX Limited

4.12

Clinical Pathology Laboratories, Inc.

Nonpriority Creditor's Name

PO Box 141669

Number Street

Austin **TX** **78714-1669**
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 7 5 2

When was the debt incurred? 5/31/2014-4/30/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Repossession Deficiency

Last 4 digits of account number 6 A 1 8

When was the debt incurred? 2/17/2016-8/17/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$50.67

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$321.00

4.13

ENHANCED RECOVERY CO L

Nonpriority Creditor's Name

8014 BAYBERRY RD

Number Street

Last 4 digits of account number 2 X X X

When was the debt incurred? 1/1/2018-5/27/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Jacksonville **FL** **32256**
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.14

FIRST ELECTRONIC BANK

Nonpriority Creditor's Name

PO BO 521271

Number Street

Last 4 digits of account number X X X X

When was the debt incurred? 3/27/2013-3/24/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

SALT LAKE CITY **UT** **84152**
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.15

Internal Revenue Service

Nonpriority Creditor's Name

Centralized Insolvency Operations

Number Street

PO Box 7346

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Taxes**

Philadelphia **PA** **19101-7346**
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$0.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,971.00

4.16

Lonestar Hospital Med Associates

Nonpriority Creditor's Name

PO Box 630707

Number Street

Last 4 digits of account number 5 7 0 4

When was the debt incurred? 9/22/2016-12/12/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Cincinnati OH 45263-0707

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Add't Acct #: 0171457371-61577699

4.17

Longhorn Emerg Med Assoc, PA

Nonpriority Creditor's Name

3585 Ridge Park Dr

Number Street

Last 4 digits of account number 4 7 0 1

When was the debt incurred? 7/14/2016-7/14/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Akron OH 44333-8203

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$1,340.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.18

\$78.33

Phoenix Financial Services LLC

Nonpriority Creditor's Name
8902 Otis Ave, Ste. 103A

Number Street

Indianapolis **IN** **46216**
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 7 1 3

When was the debt incurred? 8/8/2013-8/8/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical bill**

4.19

\$2,539.64

Seton Healthcare Network

Nonpriority Creditor's Name
1345 Philomena Street, Suite 200

Number Street

Austin **TX** **78723**
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 2 3 6 3

When was the debt incurred? 9/26/2014-9/26/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Services**

4.20

\$375.00

South Austin Hospital

Nonpriority Creditor's Name
po box 33188

Number Street

Louisville **KY** **40232**
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 4 0 7

When was the debt incurred? 10/3/2014-10/3/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical bill**

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$5,247.38

4.21

St. David's Cardiology, PLLC

Nonpriority Creditor's Name

PO Box 198286

Number Street

Atlanta GA 30384-8286

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.22

St. David's S. Austin Medical Ctr

Nonpriority Creditor's Name

PO Box 406176

Number Street

Atlanta GA 30384

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Add't Acct #: 116408053

Last 4 digits of account number 7 2 9 6

When was the debt incurred? 9/25/2016-9/25/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Last 4 digits of account number 2 9 4 5

When was the debt incurred? 7/14/2016-7/15/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$52,838.06

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,593.05

4.23

Synchrony Bank/Walmart

Nonpriority Creditor's Name

Attn: Bankruptcy Dept.

Number Street
PO Box 965024

Orlando FL 32896-5024

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.24

TCEP SETON SW HEALTH CENTER

Nonpriority Creditor's Name

Hwy 290

Number Street

AUSTIN TX 78739

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.25

TD Bank USA / Target

Nonpriority Creditor's Name

P.O. Box 1470

Number Street

Minneapolis MN 55440

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 6 4 0 6

When was the debt incurred? 1/23/2013-6/22/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Last 4 digits of account number N A

When was the debt incurred? 7/6/2018-7/6/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

medical bill

Last 4 digits of account number 1 6 6 6

When was the debt incurred? 12/2/2012-10/23/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

\$1,163.56

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.26

\$60.00

Texas Diabetes Endocrinology

Nonpriority Creditor's Name
6500 N. Mopac, Bldg. 3, Ste. 200
 Number Street

Last 4 digits of account number 0 0 0 1

When was the debt incurred? 2/16/2016-2/16/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Austin TX 78731
 City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.27

\$204.03

Texas Pro Tax

Nonpriority Creditor's Name
8322 Cross Park Dr
 Number Street

Last 4 digits of account number F I T 1

When was the debt incurred? 5/1/2004-1/28/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Austin TX 78754
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services Provided

4.28

\$59.77

TxTag

Nonpriority Creditor's Name
PO Box 650749
 Number Street

Last 4 digits of account number 0 0 3 9

When was the debt incurred? 12/19/2018-1/28/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dallas TX 75265
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Tolls

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$3,758.00

4.29

University FCU - Visa

Nonpriority Creditor's Name

4611 Guadalupe

Number Street

Austin

TX

78765

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 7 0 3

When was the debt incurred? 6/4/2009-11/30/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

4.30

University FCU Line of Credit

Nonpriority Creditor's Name

4611 Guadalupe

Number Street

Austin

TX

78765

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 5 7 5

When was the debt incurred? 11/19/2007-1/1/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **other**

\$4,072.00

4.31

Willam Ramsdell MD

Nonpriority Creditor's Name

102 Westlake Dr

Number Street

Austin

TX

78746

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number n a

When was the debt incurred? 5/18/2016-1/16/2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical bill**

\$84.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

AMCA

Name

4 Westchester Plaza, Bldg 4

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Elmsford

NY

10523-0935

City

State

ZIP Code

American Medical Collection Agency

Name

PO Box 1235

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 2 3 9

Elmsford

NY

10523-0935

City

State

ZIP Code

American Medical Collection Agency

Name

4 Westchester Plz Building 4

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Elmsford

NY

10523

City

State

ZIP Code

Avante USA

Name

3600 South Gessner

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Houston

TX

77063

City

State

ZIP Code

Chase Auto Finance Credit Bureau

Name

PO Box 901003

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Fort Worth

TX

76101

City

State

ZIP Code

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

CMI

Name
4200 INTERNATIONAL PARKWAY
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

CARROLLTON TX 75007-1912
 City State ZIP Code

Last 4 digits of account number _____

HCFS

Name
3225 North Star Circle
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Louisville TN 37777
 City State ZIP Code

Last 4 digits of account number _____

HCFS

Name
3225 North Star Circle
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Louisville TN 37777
 City State ZIP Code

Last 4 digits of account number _____

HRRG

Name
P.O. Box 8486
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Coral Springs FL 33075-8486
 City State ZIP Code

Last 4 digits of account number 6 8 0 3

IC System

Name
PO BOX 64378
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Saint Paul MN 55164
 City State ZIP Code

Last 4 digits of account number _____

IC System

Name
444 Hwy 96 East, PO Box 64378
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

St Paul MN 55164-0378
 City State ZIP Code

Last 4 digits of account number _____

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

IRS Insolvency Office

Name
300 E. 8th St.
 Number Street
Mail Stop 5026AUS

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Austin TX 78701
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Jacob M Figelman

Name
275 W Campbell Ste 312
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Richardson TX 75080
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Javitch Block LLC

Name
275 W Campbell, Ste 312
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Richardson TX 75080
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Michael J Adams

Name
10004 Wurzbach Rd #292
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

San Antonio TX 78230
 City State ZIP Code

Last 4 digits of account number _ _ _ _

MRS Associates, Inc.

Name
1930 Olney Ave
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Cherry Hill NJ 08003-2015
 City State ZIP Code

Last 4 digits of account number 1 4 1 8

MSB

Name
PO BOX 16777
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Austin TX 78761-6777
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

MSB Municipal Services Bureau

Name
PO Box 16755
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Austin TX 78761-6755
 City State ZIP Code

Last 4 digits of account number _ _ _ _

MSB Municipal Services Bureau

Name
PO Box 16755
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Austin TX 78761-6755
 City State ZIP Code

Last 4 digits of account number _ _ _ _

NPAS Inc

Name
PO Box 99400
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Louisville KY 40269
 City State ZIP Code

Last 4 digits of account number _ _ _ _

NPAS Solutions LLC

Name
po box 33188
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

louisville KY 40232
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Pendrick Capital Partners

Name
PO Box 361450
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

indianapolis IN 46236-1450
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Phoenix Financial Services, LLC

Name
8902 Otis Ave, Suite 103A
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Indianapolis IN 46216
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Phoenix Financial Services, LLC

Name

8902 Otis Ave, Suite 103A

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Indianapolis

IN

46216

City

State

ZIP Code

Portfolio Recovery Associates

Name

PO Box 12914

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Norfolk

VA

23541

City

State

ZIP Code

RMP Srvices LLC

Name

200 N New Road

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Waco

TX

76702

City

State

ZIP Code

Seton Healthcare Family

Name

517 US Highway 31 N

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Greenwood

IN

46142

City

State

ZIP Code

St. David's Heart & Vascular, PLLC

Name

PO Box 668

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Brentwood

TN

37024-0668

City

State

ZIP Code

St. David's S. Austin Medical Ctr

Name

PO Box 406176

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Atlanta

GA

30384

City

State

ZIP Code

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

St. David's S. Austin Medical Ctr

Name

6000 Northwest Pkwy Ste 124

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

San Antonio

TX

78249

City

State

ZIP Code

St. David's South Austin Med Ctr

Name

PO Box 99400

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Louisville

KY

40269

City

State

ZIP Code

TxTag Customer Service Center

Name

12719 Burnet Rd.

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Austin

TX

78727

City

State

ZIP Code

U.S. Attorney

Name

Civil Process Clerk-IRS

Number Street

601 N.W. Loop 410, Suite 600

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

San Antonio

TX

78216

City

State

ZIP Code

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$92,405.36</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$92,405.36</u>

Fill in this information to identify your case:

Debtor 1	Tanna	Matthews	Fiske
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Damon	Michael	Fiske
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases**12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this information to identify your case:

Debtor 1	Tanna First Name	Matthews Middle Name	Fiske Last Name
Debtor 2 (Spouse, if filing)	Damon First Name	Michael Middle Name	Fiske Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- 1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

- 2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☒ Yes

In which community state or territory did you live? **Texas** Fill in the name and current address of that person.

Damon Fiske

Name of your spouse, former spouse, or legal equivalent

5204 Scottish Thistle

Number Street

Austin

City

TX

State

78739

ZIP Code

- 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: **Your codebtor**

Column 2: **The creditor to whom you owe the debt**

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	Tanna	Matthews	Fiske
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Damon	Michael	Fiske
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Teacher	Substitute Teacher
Employer's name	Eanes ISD	Eanes ISD
Employer's address	301 Camp Craft Number Street	301 Camp Craft Number Street
	Austin TX 78746 City State Zip Code	Austin TX 78746 City State Zip Code
How long employed there?	17 years	3 yrs

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$5,863.28	\$2,094.00
3. Estimate and list monthly overtime pay.	\$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	\$5,863.28	\$2,094.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$5,863.28	\$2,094.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$505.16	\$30.36
5b. Mandatory contributions for retirement plans	5b. \$489.58	\$157.06
5c. Voluntary contributions for retirement plans	5c. \$100.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$1,003.95	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: See continuation sheet	5h. + \$250.97	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$2,349.66	\$187.42
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$3,513.62	\$1,906.58
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: Trust distribution	8h. + \$1,000.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$1,000.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$4,513.62	\$1,906.58
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. \$6,420.20	Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

- ☒ No. **None.**
☐ Yes. Explain:

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

5h. Other Payroll Deductions (details)	For Debtor 1	For Debtor 2 or non-filing spouse
<u>Disability</u>	<u>\$24.57</u>	
<u>Life Insurance</u>	<u>\$51.40</u>	
<u>HSA</u>	<u>\$175.00</u>	
Totals:	<u>\$250.97</u>	<u>\$0.00</u>

Fill in this information to identify your case:

Debtor 1	Tanna First Name	Matthews Middle Name	Fiske Last Name
Debtor 2 (Spouse, if filing)	Damon First Name	Michael Middle Name	Fiske Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known) _____			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?☐ No☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>daughter</u>	<u>13</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>son</u>	<u>12</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses**4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.4. \$1,381.95**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. _____

4b. _____

4c. \$633.00

4d. _____

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

		<u>Your expenses</u>
5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$160.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$80.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$50.00</u>
6d. Other. Specify: <u>Cell Phones</u>	6d.	<u>\$330.00</u>
7. Food and housekeeping supplies	7.	<u>\$1,400.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning (See continuation sheet(s) for details)	9.	<u>\$130.00</u>
10. Personal care products and services	10.	<u>\$100.00</u>
11. Medical and dental expenses (See continuation sheet(s) for details)	11.	<u>\$788.71</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$255.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$80.00</u>
14. Charitable contributions and religious donations	14.	<u>\$180.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$78.16</u>
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$233.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 Car Payment	17a.	<u>\$502.00</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: _____ 21. **+** _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. \$6,381.82
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. \$6,381.82

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$6,420.20
23b. Copy your monthly expenses from line 22c above.	23b. -\$6,381.82
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$38.38

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

None.

Debtor 1 **Tanna Matthews Fiske**
Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

9. Clothing, laundry, and dry cleaning (details):

Clothing

\$80.00

Laundry/Dry Cleaning

\$50.00

Total:

\$130.00

11. Medical and dental (details):

Medical Expenses

\$558.71

Orthodontist for Daughter

\$230.00

Total:

\$788.71

Fill in this information to identify your case:

Debtor 1	Tanna	Matthews	Fiske
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Damon	Michael	Fiske
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets**Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B..... **\$399,237.00**

1b. Copy line 62, Total personal property, from Schedule A/B..... **\$112,573.77**

1c. Copy line 63, Total of all property on Schedule A/B..... **\$511,810.77**

Part 2: Summarize Your Liabilities**Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... **\$101,573.23**

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... **\$0.00**

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... **+** **\$92,405.36**

Your total liabilities**\$193,978.59****Part 3: Summarize Your Income and Expenses**4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I..... **\$6,420.20**

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J..... **\$6,381.82**

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$9,014.76

9. Copy the following special categories of claims from Part 4, line 6 of **Schedule E/F**:

Total claim

From Part 4 on **Schedule E/F**, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	\$0.00

Fill in this information to identify your case:

Debtor 1	Tanna First Name	Matthews Middle Name	Fiske Last Name
Debtor 2 (Spouse, if filing)	Damon First Name	Michael Middle Name	Fiske Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules**12/15**

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Tanna Matthews Fiske _____

Tanna Matthews Fiske, Debtor 1

Date **05/22/2019**
MM / DD / YYYY

X /s/ Damon Michael Fiske _____

Damon Michael Fiske, Debtor 2

Date **05/22/2019**
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Tanna First Name	Matthews Middle Name	Fiske Last Name
Debtor 2 (Spouse, if filing)	Damon First Name	Michael Middle Name	Fiske Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)	_____		

☐ Check if this is an amended filing
Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy****04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$32,908.25 <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the last calendar year: (January 1 to December 31, <u>2018</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$8,777.00 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2017</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$70,466.00 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	Trust Distribution _____ _____	\$3,000.00 _____ _____
For the last calendar year: (January 1 to December 31, <u>2018</u>) YYYY	Trust Distribution _____ _____	\$16,500.00 _____ _____
For the calendar year before that: (January 1 to December 31, <u>2017</u>) YYYY	Trust Distribution _____ _____	\$12,000.00 _____ _____

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
University Federal Credit Union		\$4,082.40	\$81,833.47	<input checked="" type="checkbox"/> Mortgage
Creditor's name				<input type="checkbox"/> Car
P. O. Box 9350	monthly @ \$1360.80			<input type="checkbox"/> Credit card
Number Street				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Austin	TX	78766-9350		
City	State	ZIP Code		

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
TD Bank vs Damon M. Fiske	1036.23 Status or Disposition: lost - balance due \$1163.56	Justice Court Travis, TX Precinct 3, Place1 Court Name 8656-B Hwy 71 West, Rm 100 Number Street	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number J3-CV-17-064848		Austin TX 78735 City State ZIP Code	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☒ Yes. Fill in the information below.

Creditor's Name	Describe the property	Date	Value of the property
Circle C HOA Creditor's Name PO Box 163541 Number Street	Notice of Assessment of Lien on our home at 5204 Scottish Thistle Austin, TX 78739 for non payment of HOA fees in amount of \$827.32 from 2016-2017.	12/5/2018	
Austin TX 78716-3541 City State ZIP Code	Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☒ No
☐ Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☐ No
☒ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts
 charitable contribution \$940 annually

Dates you gave the gifts

Value

Church of Conscious Harmony

Person to Whom You Gave the Gift

1/1/2018

7406 Newhall Lane

Number Street

Austin

City

TX

State

78746

ZIP Code

Person's relationship to you _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No
☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No
☐ Yes. Fill in the details.

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 7: List Certain Payments or Transfers

- 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Law Offices of Douglas J. Powell, P.C.				
Person Who Was Paid				
820 West 10th Street			01/28/2019	\$750.00
Number Street				
			05/22/2019	\$1,250.00
Austin	TX	78701		
City	State	ZIP Code		
Email or website address				

Person Who Made the Payment, if Not You

- 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

- 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

- 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No
☒ Yes. Fill in the details.

	Who else had access to it?	Describe the contents	Do you still have it?
UFCU - Brodie Name of Financial Institution	Tanna Fiske Name	birth certificates, old costume jewelry, pictures, letters	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
9925 Brodie Lane Number Street	5204 Scottish Thistle Number Street		

Austin City	TX State	78748 ZIP Code	Austin City	TX State	78739 ZIP Code
-----------------------	--------------------	--------------------------	-----------------------	--------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No
☐ Yes. Fill in the details below.

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Tanna Matthews Fiske
 Tanna Matthews Fiske, Debtor 1

X /s/ Damon Michael Fiske
 Damon Michael Fiske, Debtor 2

Date 05/22/2019

Date 05/22/2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Tanna First Name	Matthews Middle Name	Fiske Last Name
Debtor 2 (Spouse, if filing)	Damon First Name	Michael Middle Name	Fiske Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: **Circle C HOA**

Description of property securing debt: **Homestead**

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a *Reaffirmation Agreement*.
- ☒ Retain the property and [explain]:
Debtor will continue making payments to creditor without reaffirming.

☐ No
☒ Yes

Creditor's name: **Title Max**

Description of property securing debt: **2009 Honda Fit Hatchback 4D**

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a *Reaffirmation Agreement*.
- ☒ Retain the property and [explain]:
Debtor will continue making payments to creditor without reaffirming.

☐ No
☒ Yes

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Identify the creditor and the property that is collateral

Creditor's name: **University Federal Credit Union**
 Description of property: **Homestead**
 securing debt:

What do you intend to do with the property that secures a debt?

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☒ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

Did you claim the property as exempt on Schedule C?

- ☐ No
☒ Yes

Creditor's name: **University Federal Credit Union**
 Description of property: **2014 Subaru Outback (approx. 100,000 miles)**
 securing debt:

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☒ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

- ☐ No
☒ Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Tanna Matthews Fiske _____

Tanna Matthews Fiske, Debtor 1

Date **05/22/2019**
 MM / DD / YYYY

X /s/ Damon Michael Fiske _____

Damon Michael Fiske, Debtor 2

Date **05/22/2019**
 MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- **You are an individual filing for bankruptcy,**
and
- **Your debts are primarily consumer debts.**
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	<hr/>	
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together--called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

In re **Tanna Matthews Fiske**
Damon Michael Fiske

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$2,000.00</u>
Prior to the filing of this statement I have received.....	<u>\$2,000.00</u>
Balance Due.....	<u>\$0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/22/2019*Date***/s/ Douglas J. Powell***Douglas J. Powell*

The Law Offices of Douglas J. Powell, P.C.

820 West 10th Street

Austin, TX 78701

Phone: (512) 476-2457 / Fax: (512) 477-4503

Bar No. 16194900

/s/ Tanna Matthews Fiske**Tanna Matthews Fiske****/s/ Damon Michael Fiske****Damon Michael Fiske**

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Tanna Matthews Fiske**
Damon Michael Fiske

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 5/22/2019

Signature /s/ Tanna Matthews Fiske
Tanna Matthews Fiske

Date 5/22/2019

Signature /s/ Damon Michael Fiske
Damon Michael Fiske

AMCA
4 Westchester Plaza, Bldg 4
Elmsford, NY 10523-0935

American Express
PO Box 981537
El Paso, TX 79998-1537

American Honda Finance
3625 W Royal Lane, Ste 100
Irving, TX 75063

American Medical Collection Agency
4 Westchester Plz Building 4
Elmsford, NY 10523

American Medical Collection Agency
PO Box 1235
Elmsford, NY 10523-0935

Arnold & Assoc
406 Sterzing St
Austin, TX 78704

Austin - Travis County EMS
PO Box 1088
Austin, TX 78767

Austin Diagnostic Clinic
12221 North MoPac Expressway
Austin, TX 78758

Austin Pathology Assoc
8085 Rivers Ave. suite 100
North Charleston SC 29406

Austin Radiological Association
PO Box 4099
Austin, TX 78765-4099

Austin Travis County EMS
15 Waller St, 2nd floor
Austin, TX 78702-5240

Avante USA
3600 South Gessner
Houston, TX 77063

Capitol One Bank USA
P.O. Box 30281
Salt Lake City, UT 84130

Central Texas Dermatology
102 Westlake Dr ste 100
Austin, TX 78746-5373

Central Texas Reg Mobility Authority
PO Box 16777
Austin, TX 78761-6777

Chase Auto Finance
National Recovery Group
PO Box 29505
Phoenix, AZ 85038-9505

Chase Auto Finance Credit Bureau
PO Box 901003
Fort Worth, TX 76101

Circle C HOA
PO Box 163541
Austin, TX 78716

Clinical Pathology Laboratories, Inc.
PO Box 141669
Austin, TX 78714-1669

CMI
4200 INTERNATIONAL PARKWAY
CARROLLTON, TX 75007-1912

ENHANCED RECOVERY CO L
8014 BAYBERRY RD
Jacksonville, FL 32256

FIRST ELECTRONIC BANK
PO BO 521271
SALT LAKE CITY, UT 84152

HCFS
3225 North Star Circle
Louisville, TN 37777

HRRG
P.O. Box 8486
Coral Springs FL 33075-8486

IC System
444 Hwy 96 East, PO Box 64378
St Paul, MN 55164-0378

IC System
PO BOX 64378
Saint Paul, MN 55164

Internal Revenue Service
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101-7346

IRS Insolvency Office
300 E. 8th St.
Mail Stop 5026AUS
Austin, TX 78701

Jacob M Figelman
275 W Campbell Ste 312
Richardson, TX 75080

Javitch Block LLC
275 W Campbell, Ste 312
Richardson, TX 75080

Lonestar Hospital Med Associates
PO Box 630707
Cincinnati, OH 45263-0707

Longhorn Emerg Med Assoc, PA
3585 Ridge Park Dr
Akron, OH 44333-8203

Michael J Adams
10004 Wurzbach Rd #292
San Antonio, TX 78230

MRS Associates, Inc.
1930 Olney Ave
Cherry Hill, NJ 08003-2015

MSB
PO BOX 16777
Austin, TX 78761-6777

MSB Municipal Services Bureau
PO Box 16755
Austin, TX 78761-6755

NCP Finance Limited Partnership
205 Sugar Camp Circle
Dept. ENOV
Dayton, OH 45409

NPAS Inc
PO Box 99400
Louisville, KY 40269

NPAS Solutions LLC
po box 33188
louisville, KY 40232

Pendrick Capital Partners
PO Box 361450
indianapolis, IN 46236-1450

Phoenix Financial Services LLC
8902 Otis Ave, Ste. 103A
indianapolis, IN 46216

Phoenix Financial Services, LLC
8902 Otis Ave, Suite 103A
Indianapolis, IN 46216

Portfolio Recovery Associates
PO Box 12914
Norfolk, VA 23541

RMP Srvices LLC
200 N New Road
Waco, TX 76702

Seton Healthcare Family
517 US Highway 31 N
Greenwood, IN 46142

Seton Healthcare Network
1345 Philomena Street, Suite 200
Austin, TX 78723

South Austin Hospital
po box 33188
louisville, KY 40232

St. David's Cardiology, PLLC
PO Box 198286
Atlanta, GA 30384-8286

St. David's Heart & Vascular, PLLC
PO Box 668
Brentwood, TN 37024-0668

St. David's S. Austin Medical Ctr
PO Box 406176
Atlanta, GA 30384

St. David's S. Austin Medical Ctr
6000 Northwest Pkwy Ste 124
San Antonio, TX 78249

St. David's South Austin Med Ctr
PO Box 99400
Louisville, KY 40269

Synchrony Bank/Walmart
Attn: Bankruptcy Dept.
PO Box 965024
Orlando, FL 32896-5024

TCEP SETON SW HEALTH CENTER
Hwy 290
AUSTIN, TX 78739

TD Bank USA / Target
P.O. Box 1470
Minneapolis, MN 55440

Texas Diabetes Endocrinology
6500 N. Mopac, Bldg. 3, Ste. 200
Austin, TX 78731

Texas Pro Tax
8322 Cross Park Dr
Austin, TX 78754

Title Max
15 Bull Street
Savannah, GA 31401-2685

Travis County Attorney
Attn: Bankruptcy Dept.
P.O. Box 1748
Austin, TX 78767

TxTag
PO Box 650749
Dallas, TX 75265

TxTag Customer Service Center
12719 Burnet Rd.
Austin, TX 78727

U.S. Attorney
Civil Process Clerk-IRS
601 N.W. Loop 410, Suite 600
San Antonio, TX 78216

United States Department of Justice
United States Attorney
601 N.W. Loop 410, Suite 600
San Antonio, TX 78216

United States Trustee
903 San Jacinto, Suite 230
Austin, TX 78701

University FCU - Visa
4611 Guadalupe
Austin, TX 78765

University FCU Line of Credit
4611 Guadalupe
Austin, TX 78765

University Federal Credit Union
P. O. Box 9350
Austin, Texas 78766-9350

Willam Ramsdell MD
102 Westlake Dr
Austin, TX 78746

Fill in this information to identify your case:

Debtor 1	Tanna	Matthews	Fiske
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Damon	Michael	Fiske
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number (if known) _____

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse.
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status?** Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$6,118.60</u>	<u>\$2,062.83</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	<u>\$0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>		
Ordinary and necessary operating expenses	— <u>\$0.00</u>	— <u>\$0.00</u>		
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>	Copy here →	<u>\$0.00</u> <u>\$0.00</u>

6. Net income from rental and other real property

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>		
Ordinary and necessary operating expenses	— <u>\$0.00</u>	— <u>\$0.00</u>		
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	Copy here →	<u>\$0.00</u> <u>\$0.00</u>

7. Interest, dividends, and royalties

\$0.00 \$0.00

8. Unemployment compensation

\$0.00 \$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:↓

For you..... \$0.00

For your spouse..... \$0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$0.00 \$0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Trust Distributions

\$833.33 _____

Total amounts from separate pages, if any.

+ _____ + _____

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

\$6,951.93	+	\$2,062.83	=	\$9,014.76
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Total current monthly income

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

- 12a. Copy your total current monthly income from line 11.....**Copy line 11 here** → 12a. \$9,014.76
 Multiply by 12 (the number of months in a year). **X 12**
 12b. The result is your annual income for this part of the form. 12b. \$108,177.12

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Texas

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household..... 13. \$83,960.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

- 14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
 Go to Part 3.
 14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
 Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Tanna Matthews Fiske _____
 Tanna Matthews Fiske, Debtor 1

X /s/ Damon Michael Fiske _____
 Damon Michael Fiske, Debtor 2

Date 5/22/2019
 MM / DD / YYYY

Date 5/22/2019
 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1	Tanna	Matthews	Fiske
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Damon	Michael	Fiske
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number (if known) _____

Check the appropriate box as directed in lines 40 or 42:

According to the calculation required by this Statement:

☒ 1. There is no presumption of abuse.☐ 2. There is a presumption of abuse.☐ Check if this is an amended filing**Official Form 122A-2****Chapter 7 Means Test Calculation****04/19**

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income..... Copy line 11 from Official Form 122A-1 here → 1. \$9,014.76

2. Did you fill out Column B in Part 1 of Form 122A-1?

☐ No. Fill in \$0 for the total on line 3.☒ Yes. Is your spouse filing with you?☐ No. Go to line 3.☒ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

☐ No. Fill in \$0 for the total on line 3.☐ Yes. Fill in the information below:**State each purpose for which the income was used**

For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

Fill in the amount you are subtracting from your spouse's income

+

Total \$0.00 Copy total here..... → - \$0.00

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

\$9,014.76

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. **\$1,786.00**

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$55.00
 7b. Number of people who are under 65 X 4
 7c. **Subtotal.** Multiply line 7a by line 7b. \$220.00 Copy here → \$220.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$114.00
 7e. Number of people who are 65 or older X _____
 7f. **Subtotal.** Multiply line 7d by line 7e. \$0.00 Copy here → + \$0.00

7g. **Total.** Add lines 7c and 7f. \$220.00 Copy total here → \$220.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities -- Insurance and operating expenses
- Housing and utilities -- Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities -- Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$683.00

9. **Housing and utilities -- Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$1,821.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
<u>University Federal Credit Union</u>	<u>\$1,360.80</u>
_____	_____
_____	_____
	+
Total average monthly payment	<div style="border: 1px solid black; padding: 2px;">\$1,360.80</div>

Copy
here →

— \$1,360.80

Repeat this
amount on
line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

\$460.20

Copy
here →

\$460.20

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. _____

Explain
why: _____

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
☐ 1. Go to line 12.
☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. \$420.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

- 13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: **2014 Subaru Outback (approx. 100,000 miles)**

13a. Ownership or leasing costs using IRS Local Standard. **\$508.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
<u>University Federal Credit Union</u>	<u>\$336.94</u>

_____ + _____

Total average monthly payment

\$336.94

Copy
here →

— **\$336.94**

Repeat this
amount on
line 33b.

13c. Net Vehicle 1 ownership or lease expense.

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

\$171.06

Copy net
Vehicle 1
expense
here →

\$171.06

Vehicle 2 Describe Vehicle 2: **2009 Honda Fit Hatchback 4D**

13d. Ownership or leasing costs using IRS Local Standard. **\$508.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
<u>Title Max</u>	<u>\$40.51</u>

_____ + _____

Total average monthly payment

\$40.51

Copy
here →

— **\$40.51**

Repeat this
amount on
line 33c.

13f. Net Vehicle 2 ownership or lease expense.

Subtract line 13e from line 13d. If this amount is less than \$0, enter \$0.

\$467.49

Copy net
Vehicle 2
expense
here →

\$467.49

- 14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$0.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

- 15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation. \$0.00

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

- 16. Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$486.21

Do not include real estate, sales, or use taxes.

- 17. Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$516.71

Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

- 18. Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, or a non-filing spouse's life insurance, or for any form of life insurance other than term. \$51.40

- 19. Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$0.00

Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

- 20. Education:** The total monthly amount that you pay for education that is either required:
 ■ as a condition for your job, or
 ■ for your physically or mentally challenged dependent child if no public education is available for similar services. \$0.00

- 21. Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$0.00

- 22. Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$568.71
 Payments for health insurance or health savings accounts should be listed only in line 25.

- 23. Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. **+** \$150.00

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

- 24. Add all of the expenses allowed under the IRS expense allowances.**
 Add lines 6 through 23.

\$5,980.78

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Additional Expense Deductions

These are additional deductions allowed by the Means Test.
 Note: Do not include any expense allowances listed in lines 6-24.

- 25. Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	<u>\$1,046.54</u>	
Disability insurance	<u>\$40.50</u>	
Health savings account	<u>\$341.67</u>	
	+	
Total	<u><u>\$1,428.71</u></u>	Copy total here → <u>\$1,428.71</u>

Do you actually spend this total amount?

☐ No. How much do you actually spend? _____

☒ Yes

- 26. Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$0.00

- 27. Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$0.00

By law, the court must keep the nature of these expenses confidential.

- 28. Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8. _____

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

- 29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.

- 30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. _____

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

- 31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). + \$0.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

- 32. Add all of the additional expense deductions.**
 Add lines 25 through 31.

\$1,428.71

Deductions for Debt Payment

- 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Average monthly
payment**

Mortgages on your home:

33a. Copy line 9b here..... → **\$1,360.80**

Loans on your first two vehicles:

33b. Copy line 13b here..... → **\$336.94**

33c. Copy line 13e here..... → **\$40.51**

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
<u>Circle C HOA</u>	<u>Homestead</u>	<input checked="" type="checkbox"/> No	\$34.07
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	+
		<input type="checkbox"/> Yes	

33e. Total average monthly payment. Add lines 33a through 33d..... **\$1,772.32**

Copy total
here →

\$1,772.32

- 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

- ☐ No. Go to line 35.
☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
			÷ 60 =
			÷ 60 =
			÷ 60 = +
			\$0.00
		Total	\$0.00

Copy total
here →

\$0.00

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

35. Do you owe any priority claims such as a priority tax, child support, or alimony -- that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- ☒ No. Go to line 36.
☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims..... ÷ 60 = **\$0.00**

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).
 For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office.

- ☐ No. Go to line 37.
☒ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 **\$38.38**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

x **9.9** %

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13 **\$3.80** Copy total here → **\$3.80**

37. Add all of the deductions for debt payment.
 Add lines 33e through 36.

\$1,776.12

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, *All of the expenses allowed under IRS expense allowances*..... **\$5,980.78**

Copy line 32, *All of the additional expense deductions*..... **\$1,428.71**

Copy line 37, *All of the deductions for debt payment*..... + **\$1,776.12**

Total deductions **\$9,185.61** Copy total here → **\$9,185.61**

Part 3: Determine Whether There Is a Presumption of Abuse

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, *adjusted current monthly income*..... **\$9,014.76**

39b. Copy line 38, *Total deductions*..... - **\$9,185.61**

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). **(\$170.85)** Copy here → **(\$170.85)**
 Subtract line 39b from line 39a.

For the next 60 months (5 years)..... x 60

39d. **Total.** Multiply line 39c by 60..... 39d. **(\$10,251.00)** Copy here → **(\$10,251.00)**

Debtor 1 **Tanna Matthews Fiske**
 Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

40. Find out whether there is a presumption of abuse. Check the box that applies:

- ☒ **The line 39d is less than \$8,175*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.*
Go to Part 5.
- ☐ **The line 39d is more than \$13,650*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.*
You may fill out Part 4 if you claim special circumstances. Then go to Part 5.
- ☐ **The line 39d is at least \$8,175*, but not more than \$13,650*.** Go to line 41.

* Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.

41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out
A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules
 (Official Form 106Sum), you may refer to line 3b on that form.

x .25

- 41b. 25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I).
 Multiply line 41a by 0.25.

Copy
here →

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

- ☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.*
Go to Part 5.
- ☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.*
You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment
_____	_____
_____	_____
_____	_____
_____	_____

Debtor 1 **Tanna Matthews Fiske**
Debtor 2 **Damon Michael Fiske**

Case number (if known) _____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Tanna Matthews Fiske _____
Tanna Matthews Fiske, Debtor 1

Date **5/22/2019** _____
MM / DD / YYYY

X /s/ Damon Michael Fiske _____
Damon Michael Fiske, Debtor 2

Date **5/22/2019** _____
MM / DD / YYYY

Current Monthly Income Calculation Details

In re: **Tanna Matthews Fiske**
Damon Michael Fiske

Case Number:
 Chapter: **7**

2. Gross wages, salary, tips, bonuses, overtime and commissions.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month

Debtor

Eanes ISD

\$7,411.28 \$5,761.58 \$7,286.25 \$5,417.50 \$5,417.50 \$5,417.50 **\$6,118.60**

Spouse

Eanes ISD

\$2,709.00 \$1,938.00 \$1,062.00 \$2,663.00 \$2,282.00 \$1,723.00 **\$2,062.83**

10. Income from all other sources not listed above.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month

Debtor

Trust Distributions

\$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$0.00 **\$833.33**

Underlying Allowances (as of 05/22/2019)

In re: **Tanna Matthews Fiske**
Damon Michael Fiske

Case Number:
 Chapter: **7**

Median Income Information	
State of Residence	Texas
Household Size	4
Median Income per Census Bureau Data	\$83,960.00

National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous	
Region	US
Family Size	4
Gross Monthly Income	\$9,014.76
Income Level	Not Applicable
Food	\$958.00
Housekeeping Supplies	\$76.00
Apparel and Services	\$243.00
Personal Care Products and Services	\$91.00
Miscellaneous	\$418.00
Additional Allowance for Family Size Greater Than 4	\$0.00
Total	\$1,786.00

National Standards: Health Care (only applies to cases filed on or after 1/1/08)	
Household members under 65 years of age	
Allowance per member	\$55.00
Number of members	4
Subtotal	\$220.00
Household members 65 years of age or older	
Allowance per member	\$114.00
Number of members	0
Subtotal	\$0.00
Total	\$220.00

Local Standards: Housing and Utilities	
State Name	Texas
County or City Name	Travis County
Family Size	Family of 4
Non-Mortgage Expenses	\$683.00
Mortgage/Rent Expense Allowance	\$1,821.00
Minus Average Monthly Payment for Debts Secured by Home	\$1,360.80
Equals Net Mortgage/Rental Expense	\$460.20
Housing and Utilities Adjustment	\$0.00

Underlying Allowances (as of 05/22/2019)

In re: **Tanna Matthews Fiske**
Damon Michael Fiske

Case Number:
 Chapter: **7**

Local Standards: Transportation; Vehicle Operation/Public Transportation		
Transportation Region		South Region
Number of Vehicles Operated		2 or more
Allowance		\$420.00
Local Standards: Transportation; Additional Public Transportation Expense		
Transportation Region		South Region
Allowance (if entitled)		\$217.00
Amount Claimed		\$0.00
Local Standards: Transportation; Ownership/Lease Expense		
Transportation Region		South Region
Number of Vehicles with Ownership/Lease Expense		2 or more
First Car		Second Car
Allowance	\$508.00	\$508.00
Minus Average Monthly Payment for Debts Secured by Vehicle	\$336.94	\$40.51
Equals Net Ownership / Lease Expense	\$171.06	\$467.49